

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000094508

Entity Name: DISCOUNT MEDICAL EQUIPMENT SUPPLY, LLC

Current Principal Place of Business:

13 STARLIGHT DR
ORMOND BEACH, FL 32176

Current Mailing Address:

13 STARLIGHT DR
ORMOND BEACH, FL 32176

FEI Number: 46-2986606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZMYJ, HENRY
13 STARLIGHT DR
ORMOND BEACH, FL 32176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|---------------------|
| Title | MGR | Title | MGR |
| Name | ZMYJ, HENRY | Name | DRAGO, MIKE |
| Address | 13 STARLIGHT DR | Address | 2382 SUTTON PL |
| City-State-Zip: | ORMOND BEACH FL 32176 | City-State-Zip: | SPRINGHILL FL 34608 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE DRAGO

OFFICER

03/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date